

2004 DEAD BIRD CALL-IN FORM

1. **Species or common name of bird:** _____
If caller cannot identify the bird, please describe (i.e., length, color, markings, etc.):

2. **Was the bird found dead?** Y N Unknown
If no, please describe any unusual behavior before death (i.e. difficulty flying, etc.):

3. **Is a leg band present?** Y N Unknown If yes, describe: _____

4. **Date found:** ____/____/____ (mm/dd/yy)

5. **Weather on date found** (pick one): Sunny/mostly sunny Rainy Partly
cloudy/cloudy Stormy/windy Snowing/sleeting Other _____

Highest temperature on date of collection (estimate if needed): _____

6. **Location bird found** (GPS (preferable), street address if in town, description or name of area if out in wilderness):

County where bird found: _____

7. **Property owner's name** (if different from caller): _____

Property owner's phone/contact information: _____

8. Caller's information:

Name: _____

Agency (if applicable): _____

Address: _____

Phone: (____) _____ Other contact info: _____

9. **Was the bird swabbed for testing?** Y N Unknown

Name of person contacted to collect swab: _____

Oral Swab Collection Form ID No. _____

Swab Date: ____/____/____

Test Date: ____/____/____

10. Additional Comments:

11. **Name of person taking call:** _____

Date of call: ____/____/____

For Non-DWR Personnel Only:

Permit # MB061995-0/COR# 1SALV6035 (Please discard earlier versions of form.)